

REQUEST WAIVER OF PERSONAL APPEARANCE

I CURRENTLY RESIDE IN  
ALPHARETTA, GA NORTH OF ATLANTA  
AND AM 100% DISABLED. ANY  
TRAVELING IS A PROBLEM DUE TO MY  
DISABILITY. I MUST UNDERGO DIALYSIS  
EVERY OTHER DAY.

FILED  
U.S. Bankruptcy Court  
Western District of NC

JAN 29 2008

David E. Welch, Clerk  
Charlotte Division  
ASW

Roger Scott

SIGNATURE OF CLAIMANT

Roger Scott

PRINTED NAME OF CLAIMANT

477 Jon Scott Dr. Alpharetta Ga.  
CLAIMANT ADDRESS  
30004

404-514-8399  
DAYTIME TELEPHONE NUMBER

1-25-08

DATE